

County: Eau Claire
DOVE HLTHCARE NURSING REHAB
1405 TRUAX BLVD

Facility ID: 2470

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EAU CLAIRE 54703 Phone:(715) 552-1030
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 140
Total Licensed Bed Capacity (12/31/04): 140
Number of Residents on 12/31/04: 129

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 132

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		48.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.7	More Than 4 Years		13.2
Day Services	No	Mental Illness (Org./Psy)	34.1	65 - 74	7.0			-----
Respite Care	Yes	Mental Illness (Other)	6.2	75 - 84	35.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	10.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	15.5	65 & Over	95.3	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		14.8
Referral Service	No	Diabetes	2.3	Gender	%	LPNs		7.2
Other Services	Yes	Respiratory	3.1	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.1	Male	25.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	74.4			40.6
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
		No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	2	11.8	223	7	10.3	142	2	15.4	278	0	0.0	0	0	0.0	0	0	0.0	0	0	11	8.5
Skilled Care	15	88.2	353	60	88.2	123	11	84.6	234	29	100.0	166	0	0.0	0	2	100.0	245	117	90.7	
Intermediate	---	---	---	1	1.5	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	17	100.0		68	100.0		13	100.0		29	100.0		0	0.0		2	100.0		129	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	1.8	Bathing	0.0	72.1	27.9	129
Private Home/With Home Health	2.2	Dressing	3.9	79.1	17.1	129
Other Nursing Homes	1.8	Transferring	13.2	69.8	17.1	129
Acute Care Hospitals	92.8	Toilet Use	7.8	74.4	17.8	129
Psych. Hosp.-MR/DD Facilities	0.0	Eating	45.7	48.1	6.2	129
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.4	Continence		%	Special Treatments	%
Total Number of Admissions	278	Indwelling Or External Catheter	5.4	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	31.8	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	29.1	Occ/Freq. Incontinent of Bowel	23.3	Receiving Suctioning		0.0
Private Home/With Home Health	20.9			Receiving Ostomy Care		0.8
Other Nursing Homes	5.0	Mobility		Receiving Tube Feeding		1.6
Acute Care Hospitals	7.1	Physically Restrained	0.8	Receiving Mechanically Altered Diets		21.7
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	11.3	With Pressure Sores	3.9	Have Advance Directives		75.2
Deaths	26.6	With Rashes	4.7	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		55.8
(Including Deaths)	282					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.3	88.5	1.07	90.2	1.05	90.5	1.04	88.8	1.06
Current Residents from In-County	79.8	80.0	1.00	82.9	0.96	82.4	0.97	77.4	1.03
Admissions from In-County, Still Residing	19.4	17.8	1.09	19.7	0.99	20.0	0.97	19.4	1.00
Admissions/Average Daily Census	210.6	184.7	1.14	169.5	1.24	156.2	1.35	146.5	1.44
Discharges/Average Daily Census	213.6	188.6	1.13	170.5	1.25	158.4	1.35	148.0	1.44
Discharges To Private Residence/Average Daily Census	106.8	86.2	1.24	77.4	1.38	72.4	1.47	66.9	1.60
Residents Receiving Skilled Care	99.2	95.3	1.04	95.4	1.04	94.7	1.05	89.9	1.10
Residents Aged 65 and Older	95.3	92.4	1.03	91.4	1.04	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	52.7	62.9	0.84	62.5	0.84	62.7	0.84	66.1	0.80
Private Pay Funded Residents	22.5	20.3	1.11	21.7	1.04	23.3	0.97	20.6	1.09
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	40.3	31.7	1.27	36.8	1.10	37.3	1.08	33.6	1.20
General Medical Service Residents	27.1	21.2	1.28	19.6	1.38	20.4	1.33	21.1	1.29
Impaired ADL (Mean)	51.6	48.6	1.06	48.8	1.06	48.8	1.06	49.4	1.05
Psychological Problems	55.8	56.4	0.99	57.5	0.97	59.4	0.94	57.7	0.97
Nursing Care Required (Mean)	4.1	6.7	0.61	6.7	0.61	6.9	0.59	7.4	0.55